

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/584774

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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23						
24						
25						
26						
27						
28			1			
29				-		
30				-		
31				-		
32				-		
33				-		
34				-		
35				-		
36				-		
37				-		
38				-		
39				-		
40				-		
41				-		
42				-		
43				-		
44				-		
45				-		
46			1			
47				-		
48				-		
49				-		
50				-		
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.		←	28	←		←
TOTAL CLAIMS			33			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				-		
52			1			
53			1			
54				-		
55				-		
56				-		
57				-		
58				-		
59				-		
60			1			
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						